

Avalon Exeter Affordable Housing Pre-Application

Free Translation/Language Assistance Available Upon Request

Applicants with disabilities may request modifications to the rental unit and/or accommodations to our rules, policies, practices or services, if such modifications or accommodations are necessary to afford an equal opportunity to use and enjoy the premises

NAME OF PRIMARY A	PPLICANT:	***************************************				
PHONE:	CELL:]	EMAIL:_	Annual Control of the		
CURRENT ADDRESS:						
	Street Number & Name	City		St Z	ip	
1. What program/size	apartment home(s)* are yo	ou interested in?				
100% Studio	120%		120% One			
Note: Minimum occupar	ncy requirement one persor	n per bedroom.				
2. Are you an employed	e of AvalonBay? Yes No	(
3. Are you either a spot employee? Yes	ise, sibling, child, grandparent No	(natural, step, hal	f or in-law) or significant of	her of an AvalonBay	
4. Do you have a vou	cher? (circle one) Yes No	o				
If Yes, Housing Au	thority Name:					
5. Does your househo	old need a fully accessible a	partment? (circi	le one): Y	es No		
ection 504 of the Federal Reha	nts are those specifically designed bilitation Act of 1973. Such featur ments may also include features s	es include but are no	ot limited to	wider doorways, lov	ver countertops, hand rail	
modification? Yes	n fully accessible apartment No If yes, please explain:	St 1789	1.50			
7. Family Composition	n- List all those who will c	occupy the aparti	ment, incl	uding yourself:		
HOUSEHOLD MEMBER N	IAME	Date of Birth	Age	Relationship	Full Time Student (Y/N)	
1 PRIMARY APP	LICANT			Head		
2 3						
3						
4	Luciania - II alianga - amanga		************			
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6 7						
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NTERNAL USE ONLY:				C	olete 🗆	
eceived Date:					nolete 🗆	

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Please call 617-236-1369 with any questions or requests for additional applications or consent forms. 8. Race & Ethnicity: Requesting this information is required by state law; your response is voluntary. There is no penalty for not providing this information. Please select (v) any applicable categories in the chart below for the head of household and any other adult household members. You may select more than one category. Black or Hispanic American Native Hawaiian or White African Indian or Other (specify) Asian or other Pacific Islander American Latino Alaskan Native Head Other Adult Members Decline to answer 9. Household Income- what is the income received and assets held by each member of your household? Include income from employment, SSA/SSI, TANF, Child Support, Alimony, Retirement, pension, unemployment, Military Pay, and gift income. **Gross Earnings Household Member Name** Income Type (before taxes) 10. What is your combined total gross annual household income from all sources? \$____ the income guidelines to qualify! 11. Household Assets- include the household assets held may each household member. Includes all Checking and Savings accounts, Money Markets, Stocks, Bonds, Life Insurance Policies. Cash Value Household Member Name Asset Type

I certify that the information furnished in this application is true and complete, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.

Head of Household Signature:					_ Date:	
-						

Please return to: Avalon Exeter, 77 Exeter St, MA 02116 or fax to 617-236-1386.

AvalonBay Communities, Inc. does not require payment of any money except for applicable application fees and deposits if you are selected off the waitlist. If anyone asks you to pay any additional money or offers you a bribe related to your affordable housing qualification or priority on any waitlist, you should reject it and contact the AvalonBay Hotline at 866-292-2076 or www.avalonbayhotline.com
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